



Office of Charitable Gaming
P.O. Box 98502, Baton Rouge, LA 70884
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Video Gaming Device Service / Repair Form

This form must be completed and submitted to the Office of Charitable Gaming after any service to a device.

Please type or print all information.

Distributor			Distributor License Number
Contact Person			Contact's Phone Number
Device Make	Device Model	Device Serial Number	Office Permit Number
Location of Device		Location Address	Location License Number
Authorized Representative (print)	Signature of Authorized Representative	Date	Daytime Phone Number

Failure(s) / Problems: _____

	Mechanical Readings Before Service		Electronic Readings Before Service														
Dollars In	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							If unable to print ticket, record electronic readings and check here: <table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Staple BEFORE Audit Ticket Here
Dollars Out	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Credits Played	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Credits Won	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

Labor Description: _____

	Mechanical Readings After Service	New Logic Board Serial Number												
Dollars In	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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Credits Won	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													

Staple AFTER
Audit Ticket Here

Printed Name of Service Technician	Signature of Service Technician	Date Of Service
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